INSTRUCTIONS #5

INSTRUCTION	C# CNIC
ATTORNEY NAME, ADDRESS AND TELEPHONE NO.	FOR COURT USE ONLY
BAR NO:	
ATTORNEY FOR: SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN	
3501 Civic Center Drive	
P. O. Box 4988	
San Rafael, CA 94913-4988	
In the Matter of the Petition of: [YOUR FULL NAME (in capit	fals)]
On behalf of: [YOUR STEPCHILD'S FULL NAME (in capital a Child,	(s)]
	CASE NUMBER:
ORDER DECLARING CHILD FREE FROM PARENTAL CUSTODY AND CON	TROL
	,
1. The petition of [Petitioner's Name] for an order de	eclaring [Child's Name], a child, free from the parental
control of and terminating the parental rights of [Other parent's Name], the biological [Father/Mother] of a child, was	
heard on [<u>Date</u>]. Petitioner, In Pro Per or Petitioner with attorney [<u>Attorney Name</u>], appeared.	
2. Proof has been made to the satisfaction of the co	ourt that notice of the hearing of the petition has been
regularly given in the manner and for the time required by law.	
3. On the testimony of [Petitioner's Name] and other	evidence, and the court being advised in the premises,
the court has found that the allegations in the Petition are true and good cause appearing therefrom,	
IT IS HEREBY ORDERED THAT THE CHILD IS FREED FRO	IM THE CLISTODY AND CONTROL OF (Other Parent's
Name].	
<u>rvarre</u> j.	
Date:20	
JUDGE	OF THE SUPERIOR COURT
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date:20	
(TYPE OR PRINT NAME) (SIGNATUI	RE OF PERSON COMPLETING THIS FORM)